

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re United States Patent Application of:

Applicant:

BARETZ, Bruce H., et al.

Application No.:

10/623,198

Date Filed:

Title:

July 18, 2003

SOLID STATE WHITE LIGHT EMITTER AND DISPLAY

USING SAME

Docket No.:

2771-198 CON (7483)

Examiner:

Unassigned

Art Unit:

Unassigned

Customer

No.:

25559

FIRST CLASS MAIL CERTIFICATE

I hereby certify that I am mailing the attached documents to the Commissioner for Patents on the date specified, in an envelope addressed to Mail Stop Non-Fee Amendment, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450, and First Class Mailed under the provisions of 37 CFR 1.8.

L. Stephen Lockett

January 31, 2004
Date of Mailing

PRELIMINARY AMENDMENT IN U.S. PATENT APPLICATION NO. 10/623,198

Mail Stop Non-Fee Amendment Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

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108.00 DA

Preliminary to examination of this application, please add new claims 25-30, as set forth in the following listing of claims 1-30 of the application.

		Application or Docket Number					
PATENT APPLICATION Effect	RD	ATM1-198-con					
CLAIMS AS FILED - PART I (Column 1) (Column 2)		SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS	20		RATI	FEE	7	RATE	FEE
FOR	NUMBER FILED	NUMBER EXTRA	BASIC	EE 375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS	20 minus 20= * -		X\$ 9	=	OR	X\$18=	
INDEPENDENT CLAIMS	2 minus 3 = * * * *		X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT		+140		1	. 200		
* If the difference in column 1 is less than zero, enter "0" in column 2		TOTA	_	OR	+280=	7.00	
CLAIMS AS AMENDED - PART II				<u> </u>	OR	TOTAL	750
(Column 1) (Column 2) (Column 3)			SMAL	L ENTITY	OR	OTHER SMALL	
CLAIMS REMAINING AFTER AMENDMENT	HIGHE NUME PREVIO PAID F	BER PRESENT DUSLY EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total AFTER AMENDMENT Total AMENDMENT Independent 3	Minus	0 = 6	X\$ 9=		OR	X\$18=	·
Independent 3	Minus ***	3 =	X42=		OR	X84=	
FIRST PRESENTATION OF M	ULTIPLE DEPENDENT	CLAIM	+140=		OR	+280=	
		•	TOT			TOTAL	
ADDIT. FEE OCOLUMN 1) (Column 2) (Column 3)							
CLAIMS REMAINING AFTER AMENDMENT Total * 24 Independent * 3	HIGHE NUME PREVIO PAID F	EST BER PAESENT DUSLY EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total + 26	Minus **2 &	5 = .	X\$ 9=		OR	X\$\8=	
Independent * 3	Minus ***	3 =	X42=		OR	X84=	
FIRST PRESENTATION OF MI	JUIPLE DEPENDENT	CLAIM .	+140=		OR	+280≈	
			TOTA ADDIT. FE		OR	TOTAL ADDIT. FEE	1
(Column 1) (Column 2) (Column 3)							
CLAIMS REMAINING AFTER AMENDMENT Total Independent *	HIGHE NUMB PREVIO PAID F	ER PRESENT	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total *	Minus **	=	X\$ 9=		OR	X\$18=	
Independent *	Minus ***	=	X42=			X84≃	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				-	OR	704-	
# If the entry in column 1 is less than the entry in column 2, write "0" in column 3.					OR	+280 ≃ .	w.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OR ADDIT. FEE							
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.							